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PTO/SB/82 (04-05)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/623,395
Filing Date	07/18/2003
First Named Inventor	Michael Z. Hu
Art Unit	
Examiner Name	Paula McCray
Attorney Docket Number	1066.0

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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46471

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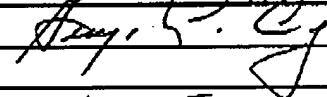
<input type="checkbox"/> Firm or Individual Name	Quarles & Brady LLP				
Address	411 E. Wisconsin Ave., Suite 2040				
City	Milwaukee	State	WI	Zip	53202-4497
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	George L. Craig		
Date	12-06-05	Telephone	865.576.6883

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:

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